

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

New Millennium PAC

ADDRESS (number and street)

One Gateway Center, Suite 520

☐Check if different  
than previously  
reported. (ACC)

Newark

NJ

07102

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00349233

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

09

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Abraham Antun

Signature of Treasurer

Electronically Filed by Abraham Antun

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name  
New Millennium PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	9

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	348557.89
(b) Cash on Hand at Beginning of Reporting Period .....	334167.91	
(c) Total Receipts (from Line 19) .....	7536.89	31061.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	341704.80	379619.17
7. Total Disbursements (from Line 31) .....	95278.67	133193.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	246426.13	246426.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 25

Write or Type Committee Name  
New Millennium PAC

Report Covering the Period:

From:

M	M
0	2

D	D
0	9

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	500.00	500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	500.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7000.00	30500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7500.00	31000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	36.89	61.28
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7536.89	31061.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7536.89	31061.28

## DETAILED SUMMARY PAGE

of Disbursements

4 / 25

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	40028.67	57943.04	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	40028.67	57943.04	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	75000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	250.00	250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	95278.67	133193.04	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95278.67	133193.04	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7500.00	31000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7500.00	31000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40028.67	57943.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40028.67	57943.04

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New Millennium PAC

**A.**

Full Name (Last, First, Middle Initial)

David W. Jones

Mailing Address 441 10th Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Counsel, LLC

Occupation

Partner

Receipt For:

☐
  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Transaction ID: C6351861

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 25

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Millennium PAC

**A.**

Full Name (Last, First, Middle Initial)

American Health Care Association PAC

Mailing Address 1201 L Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C**

C00006080

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 1 0

Transaction ID: C6206321

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Stinson Morrison Hecker Political Action Committee

Mailing Address 1201 Walnut Street  
Suite 2900

City

Kansas City

State

MO

Zip Code

64106

FEC ID number of contributing  
federal political committee.

**C**

C00459065

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: C6205715

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Amer Fed of State County & Municipal Empl PEOPLE

Mailing Address 1625 L Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C**

C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 1 0

Transaction ID: C6205717

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

7000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ceridian <hr/> Mailing Address PO Box 2021	<b>Transaction ID:</b> D430050 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	1		2	0	1	0													
City Pine Brook State NJ Zip Code 07058 Purpose of Disbursement Payroll Taxes Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <table border="1"> <tr> <td>938.44</td> </tr> </table>	938.44																				
938.44																						
<b>B.</b> Full Name (Last, First, Middle Initial) The New York Observer <hr/> Mailing Address 915 Broadway - 9th Floor City New York State NY Zip Code 10010 Purpose of Disbursement Advertisement - No Express Advocacy Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> D428580 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>4000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	0	4000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	1	0													
4000.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) GSH Group, Inc. <hr/> Mailing Address Advance One Gateway 102D 305 Market Street City Newark State NJ Zip Code 07102 Purpose of Disbursement Parking Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	<b>Transaction ID:</b> D429711 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>125.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0	125.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	6		2	0	1	0													
125.00																						

**SUBTOTAL** of Disbursements This Page (optional) .....

**5063.44**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tiffani Llerandi	<b>Transaction ID:</b> D430051 <b>Date of Disbursement</b>
Mailing Address 549 E. Elizabeth Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 0</div> </div>
City Linden State NJ Zip Code 07036	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Salary Candidate Name	<div> <div>1787.81</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP	<b>Transaction ID:</b> D429713 <b>Date of Disbursement</b>
Mailing Address 1201 Third Avenue 40th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 1 0</div> </div>
City Seattle State WA Zip Code 98101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Legal & Accounting Services Candidate Name	<div> <div>1522.37</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Helen Milby & Company	<b>Transaction ID:</b> D427813 <b>Date of Disbursement</b>
Mailing Address 1255 C Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 1 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<div> <div>7500.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

10810.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

**A.** Full Name (Last, First, Middle Initial)  
Horizon Blue Cross Blue Shield of NJ

Mailing Address PO Box 1738

City Lyndhurst State NJ Zip Code 07071

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D428453

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

68.45

**B.** Full Name (Last, First, Middle Initial)  
GSH Group, Inc.

Mailing Address Advance One Gateway 102D  
305 Market Street

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
Parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427334

Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

125.00

**C.** Full Name (Last, First, Middle Initial)  
Tiffani Llerandi

Mailing Address 549 E. Elizabeth Ave.

City Linden State NJ Zip Code 07036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427414

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

1787.82

**SUBTOTAL** of Disbursements This Page (optional) .....

1981.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Cablevision</p> <p>Mailing Address PO Box 371378</p> <p>City Pittsburgh State PA Zip Code 15250</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D427814</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 1 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>129.74</div> </div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Helen Milby &amp; Company</p> <p>Mailing Address 1255 C Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D429705</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>1033.55</div> </div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Helen Milby &amp; Company</p> <p>Mailing Address 1255 C Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D427335</p> <p><b>Date of Disbursement</b>  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 1 0</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div> <div></div> <div>38.98</div> </div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1202.27**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ceridian Mailing Address PO Box 2021	<b>Transaction ID:</b> D427415 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 5 / 2 0 1 0</div> </div>
City Pine Brook State NJ Zip Code 07058 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>938.43</div>
<b>B.</b> Full Name (Last, First, Middle Initial) GSH Group, Inc. Mailing Address Advance One Gateway 102D 305 Market Street City Newark State NJ Zip Code 07102 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D429506 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Advance At Gateway LLC Mailing Address P.O. Box 827481 City Philadelphia State PA Zip Code 19182 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D427306 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 9 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>971.60</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2035.03**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Helen Milby & Company	<b>Transaction ID:</b> D427336 <b>Date of Disbursement</b>																				
Mailing Address 1255 C Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	1	0												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraising Consulting Services Candidate Name	<table border="1"> <tr> <td colspan="10">7500.00</td> </tr> </table>	7500.00																			
7500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Advance At Gateway LLC	<b>Transaction ID:</b> D429507 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 827481	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	0												
City Philadelphia State PA Zip Code 19182	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Rent Candidate Name	<table border="1"> <tr> <td colspan="10">971.60</td> </tr> </table>	971.60																			
971.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Cablevision	<b>Transaction ID:</b> D429707 <b>Date of Disbursement</b>																				
Mailing Address PO Box 371378	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City Pittsburgh State PA Zip Code 15250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Utilities Candidate Name	<table border="1"> <tr> <td colspan="10">130.14</td> </tr> </table>	130.14																			
130.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8601.74**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tiffani Llerandi	<b>Transaction ID:</b> D429737 <b>Date of Disbursement</b>																				
Mailing Address 549 E. Elizabeth Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Linden State NJ Zip Code 07036	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1787.82</td> </tr> </table>	1787.82																			
1787.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP	<b>Transaction ID:</b> D427337 <b>Date of Disbursement</b>																				
Mailing Address 1201 Third Avenue 40th Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	3		2	0	1	0												
City Seattle State WA Zip Code 98101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Legal & Accounting Services	<table border="1"> <tr> <td colspan="10">1504.09</td> </tr> </table>	1504.09																			
1504.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ceridian	<b>Transaction ID:</b> D429738 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2021	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Pine Brook State NJ Zip Code 07058	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes	<table border="1"> <tr> <td colspan="10">938.43</td> </tr> </table>	938.43																			
938.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4230.34**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ceridian Mailing Address PO Box 2021	<b>Transaction ID:</b> D430098 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 2 / 2 0 1 0</div> </div>
City Pine Brook State NJ Zip Code 07058 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>84.78</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Tiffani Llerandi Mailing Address 549 E. Elizabeth Ave. City Linden State NJ Zip Code 07036 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D427018 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1787.81</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Horizon Blue Cross Blue Shield of NJ Mailing Address PO Box 1738 City Lyndhurst State NJ Zip Code 07071 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D429708 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>400.93</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2273.52**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

**A.**

Full Name (Last, First, Middle Initial)  
Horizon Blue Cross Blue Shield of NJ

Mailing Address PO Box 1738

City Lyndhurst State NJ Zip Code 07071

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D429709

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.86

**B.**

Full Name (Last, First, Middle Initial)  
Ceridian

Mailing Address PO Box 2021

City Pine Brook State NJ Zip Code 07058

Purpose of Disbursement  
Payroll Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D430099

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Ceridian

Mailing Address PO Box 2021

City Pine Brook State NJ Zip Code 07058

Purpose of Disbursement  
Payroll Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D430409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.78

**SUBTOTAL** of Disbursements This Page (optional) .....

122.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ceridian Mailing Address PO Box 2021	<b>Transaction ID:</b> D427019 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 1 0</div> </div>
City Pine Brook State NJ Zip Code 07058 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>954.44</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement Credit Card Payment, See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D427339 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1950.60</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D427340 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 3 / 2 0 1 0</div> </div> <b>Amount of Each Disbursement this Period</b> <div>35.00</div> <div>Category/Type</div> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

2905.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC**A.**

Full Name (Last, First, Middle Initial)

Morton's The Steakhouse

Mailing Address 1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Meals

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

218.52

**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Morton's The Steakhouse

Mailing Address 1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Meals

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

163.93

**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Il Mulino

Mailing Address 1110 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Meals

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	1	0

Amount of Each Disbursement this Period

415.63

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

**A.**

Full Name (Last, First, Middle Initial)  
Il Mulino

Mailing Address 1110 Vermont Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

257.25

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Morton's The Steakhouse

Mailing Address 1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427345

Date of Disbursement

/   /

Amount of Each Disbursement this Period

214.89

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Jamies Restaurant and Cigar Bar

Mailing Address 915 Bloomfield Avenue

City Clifton State NJ Zip Code 07012

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D427347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

237.70

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

**A.**

Full Name (Last, First, Middle Initial)

Citi Credit Cards

Mailing Address P.O. Box 183037

City Columbus State OH Zip Code 43218

Purpose of Disbursement  
Credit Card Payment, See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D427454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

490.92

**B.**

Full Name (Last, First, Middle Initial)

Morton's The Steakhouse

Mailing Address 1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D427455

Date of Disbursement

/   /

Amount of Each Disbursement this Period

490.92

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

490.92

**TOTAL** This Period (last page this line number only) .....

39716.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Coons for Delaware <hr/> Mailing Address PO Box 9900 <hr/> <table> <tr> <td>City Newark</td> <td>State DE</td> <td>Zip Code 19714-5000</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name Chris Coons</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: DE District:</td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Newark	State DE	Zip Code 19714-5000	Purpose of Disbursement Contribution	<input type="checkbox"/>	Candidate Name Chris Coons	Category/ Type	Office Sought: <input type="checkbox"/> House	Disbursement For: 2010	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: DE District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D429660 <b>Date of Disbursement</b> <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
City Newark	State DE	Zip Code 19714-5000																																	
Purpose of Disbursement Contribution	<input type="checkbox"/>																																		
Candidate Name Chris Coons	Category/ Type																																		
Office Sought: <input type="checkbox"/> House	Disbursement For: 2010																																		
<input checked="" type="checkbox"/> Senate																																			
<input type="checkbox"/> President																																			
State: DE District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																		
M	M	/	D	D	/	Y	Y	Y	Y																										
0	3		2	4		2	0	1	0																										
<b>B.</b>	Full Name (Last, First, Middle Initial) Ellsworth For Indiana <hr/> Mailing Address P.O. Box 62 <hr/> <table> <tr> <td>City Evansville</td> <td>State IN</td> <td>Zip Code 47701</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name Brad Ellsworth</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: IN District:</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Evansville	State IN	Zip Code 47701	Purpose of Disbursement Contribution	<input type="checkbox"/>	Candidate Name Brad Ellsworth	Category/ Type	Office Sought: <input type="checkbox"/> House	Disbursement For: 2010	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: IN District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D429661 <b>Date of Disbursement</b> <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
City Evansville	State IN	Zip Code 47701																																	
Purpose of Disbursement Contribution	<input type="checkbox"/>																																		
Candidate Name Brad Ellsworth	Category/ Type																																		
Office Sought: <input type="checkbox"/> House	Disbursement For: 2010																																		
<input checked="" type="checkbox"/> Senate																																			
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State: IN District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																		
M	M	/	D	D	/	Y	Y	Y	Y																										
0	3		2	4		2	0	1	0																										
<b>C.</b>	Full Name (Last, First, Middle Initial) Ellsworth For Indiana <hr/> Mailing Address P.O. Box 62 <hr/> <table> <tr> <td>City Evansville</td> <td>State IN</td> <td>Zip Code 47701</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name Brad Ellsworth</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For: 2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: IN District:</td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Evansville	State IN	Zip Code 47701	Purpose of Disbursement Contribution	<input type="checkbox"/>	Candidate Name Brad Ellsworth	Category/ Type	Office Sought: <input type="checkbox"/> House	Disbursement For: 2010	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: IN District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D429662 <b>Date of Disbursement</b> <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
City Evansville	State IN	Zip Code 47701																																	
Purpose of Disbursement Contribution	<input type="checkbox"/>																																		
Candidate Name Brad Ellsworth	Category/ Type																																		
Office Sought: <input type="checkbox"/> House	Disbursement For: 2010																																		
<input checked="" type="checkbox"/> Senate																																			
<input type="checkbox"/> President																																			
State: IN District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																		
M	M	/	D	D	/	Y	Y	Y	Y																										
0	3		2	4		2	0	1	0																										
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►		<div>15000.00</div>																																	
<b>TOTAL</b> This Period (last page this line number only) ..... ►		<div></div>																																	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Cunningham for U.S. Senate	<b>Transaction ID:</b> D429663 <b>Date of Disbursement</b>
Mailing Address PO Box 2021	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 0</div> </div>
City Raleigh State NC Zip Code 27602-2021	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Cal Cunningham <div> <div>Category/Type</div> <div></div> </div>	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Blumenthal For Senate	<b>Transaction ID:</b> D429654 <b>Date of Disbursement</b>
Mailing Address 777 Summer Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 0</div> </div>
City Stamford State CT Zip Code 06901-1022	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Richard Blumenthal <div> <div>Category/Type</div> <div></div> </div>	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Blumenthal For Senate	<b>Transaction ID:</b> D429655 <b>Date of Disbursement</b>
Mailing Address 777 Summer Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 0</div> </div>
City Stamford State CT Zip Code 06901-1022	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Richard Blumenthal <div> <div>Category/Type</div> <div></div> </div>	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<div>15000.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ►	<div></div>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee, Inc.	<b>Transaction ID:</b> D429656 <b>Date of Disbursement</b>																				
Mailing Address PO Box 549	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Napoleonville State LA Zip Code 70390	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Charlie Melancon	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Fisher for Ohio	<b>Transaction ID:</b> D429657 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1418	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Columbus State OH Zip Code 43216-1418	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Lee Fisher	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Fisher for Ohio	<b>Transaction ID:</b> D429658 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1418	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Columbus State OH Zip Code 43216-1418	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Lee Fisher	Category/Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gillibrand for Senate

Mailing Address 31 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Kirsten Gillibrand

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District:

**Transaction ID:** D429688

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714-5000

Purpose of Disbursement  
Contribution

Candidate Name  
Chris Coons

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE District:

**Transaction ID:** D429659

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

55000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

A.

Full Name (Last, First, Middle Initial)  
Latina's United For Political Empowerment

Mailing Address 492 Mt. Prospect Avenue

City State Zip Code  
Newark NJ 07104

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D430002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

250.00